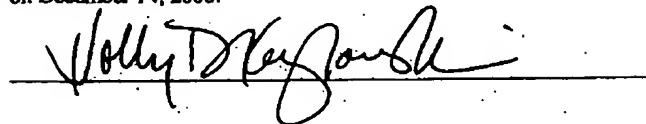


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Docket No. 25401-4

**CERTIFICATE OF FACSIMILE**

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Commissioner for Patents; P.O. Box 1450; Alexandria,  
VA 22313-1450 at facsimile number 571-273-8300  
on December 14, 2006.

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Sabine Flicker et al : Paper No.:  
Serial No.: 10/027,725 : Group Art Unit: 1644  
Filing Date: December 21, 2001 : Examiner: P.N. Huynh

For: Allergen Specific IgE-Fabs and Use Thereof

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Official Action dated September 14, 2006, please amend the  
present application as follows:

Amendments to the Claims are set forth in the Listing of Claims that begins on page  
2 of this paper.

Remarks begin on page 6 of this paper.



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from **HOLLY D. KOZLOWSKI**  
Direct: 513-977-8568 / Fax: 513-977-8141 / [hkozlowski@dinslaw.com](mailto:hkozlowski@dinslaw.com)

**To:** Commissioner for Patents

**Fax Number:** 571-273-8300

**Client Number:** 25401-4

**Pages:** 10  
(including cover)

**Comments:**

If there are any problems in receiving this transmission, please call the fax room at (513) 977-8483 immediately. Thank you.

**Notice**

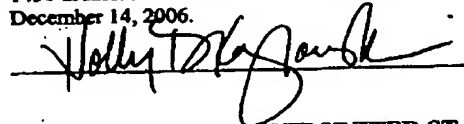
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Docket No. 25401-4

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**PATENT**

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DEC 14 2006

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Sabine Flicker et al : Paper No.:  
Serial No.: 10/027,725 : Group Art Unit: 1644  
Filing Date: December 21, 2001 : Examiner: P.N. Huynh

For: Allergen Specific IgE-Fabs and Use Thereof

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above identified application.


☒ No additional fee is required.  
☐ Also attached:

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	22	22	0	x \$50=	\$00.00
Independent Claims	4	4	0	x \$200 =	\$00.00
<b>TOTAL FEE DUE</b>					<b>\$0.00</b>

- ☐ A check in the amount of \$0 is enclosed.
- ☐ Please charge \$00.00 to our Visa credit card. Form PTO-2098 is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted



Holly D. Kozlowski  
Registration No. 38,468

DINSMORE & SHOHL LLP  
1900 Chemed Center  
255 East Fifth Street  
Cincinnati, Ohio 45202  
(513) 977-8568

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